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Name: Examiner Andre K. JacksonFirm: U.S. Patent & Trademark OfficeCity & State: Alexandria, VAFax Number: (571) 273-8300File Reference: 000073874-0026

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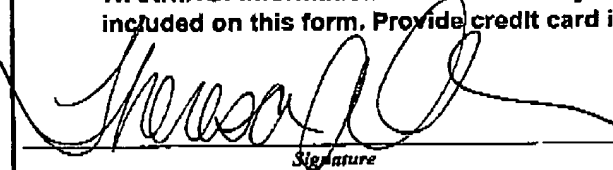
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Russell J. Wakeman et al.			Docket No. 73874-0026	
Application No. 10/679,883	Filing Date October 6, 2003	Examiner Andre K. Jackson		Group Art Unit 2856
Invention: AERATION SENSING DEVICE				
<p>I hereby certify that this <u>13 page Amendment and Amendment Transmittal Letter (1 page)</u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>January 26, 2006</u> <i>(Date)</i></p> <div style="text-align: right;"> <p>Tina Ball <i>(Typed or Printed Name of Person Signing Certificate)</i></p> <p> <i>(Signature)</i></p> </div> <p>Note: Each paper must have its own certificate of mailing.</p>				

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 73874-0026	
Applicant(s): Russell J. Wakeman et al.						
Application No. 10/679,883	Filing Date October 6, 2003	Examiner Andre K. Jackson	Customer No. 50659	Group Art Unit 2856	Confirmation No. 3831	
Invention: AERATION SENSING DEVICE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	26 -	26 =	0 x		\$0.00	
INDEP. CLAIMS	6 -	6 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 12-2136: <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Theresa A. Orr, Reg. No. 34,890 Butzel Long 100 Bloomfield Hills Parkway, Suite 200 Bloomfield Hills, MI 48304 (248) 258-3877			Dated: January 26, 2006 <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No.: 3831

In re Application of: WAKEMAN et al.

Group Art Unit: 2856

Serial No.: 10/679,883

Examiner: JACKSON, ANDRE K.

Filed: October 6, 2003

Attorney Docket: 16441 (old)
000073874-0026(new)

For: AERATION SENSING DEVICE

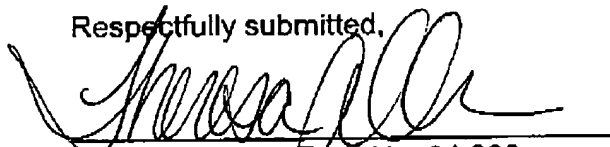
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Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT

Dear Sir:

In response to the official action mailed December 19, 2005, please amend the above-identified application as indicated and consider the following remarks.

Respectfully submitted,



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